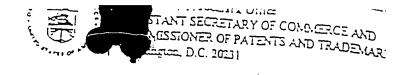
## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 **OTHER THAN CLAIMS AS FILED - PART I** SMALL ENTITY **SMALL ENTITY** OR TYPE [7] (Column 2) (Column 1) **NUMBER EXTRA** RATE NUMBER FILED FEE RATE **FOR** FEE 395.00 790.00 OR BASIC FEE **TOTAL CLAIMS** minus 20 = x\$11= x\$22= OR INDEPENDENT CLAIMS minus 3 = x41 =x82 =OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL **OR CLAIMS AS AMENDED - PART II** OTHER THAN OR **SMALL ENTITY** (Column 3) **SMALL ENTITY** (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER RATE TIONAL **RATE** TIONAL **EXTRA** AFTER **PREVIOUSLY** ENDMENT FEE FEE AMENDMENT PAID FOR Minus Total x\$22=x\$11=OR Independent Minus x41 =OR x82 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +270= +135= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) \ (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER $\mathbf{\omega}$ TIONAL **RATE** TIONAL RATE **EXTRA AFTER PREVIOUSLY AMENDMENT** FEE FEE AMENDMENT PAID FOR Total Minus x\$11=OR x41 =OR x82 =Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +270= +135= TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER TIONAL RATE TIONAL RATE **EXTRA AFTER PREVIOUSLY AMENDMENT** FEE **FEE** AMENDMENT PAID FOR x\$22=Minus x\$11=OR Total = OR x82 =x41 =Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +270= +135= \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number





## NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF FEE CALCULATION SHEET WITH YOUR RESPONSE.

	, 2001
APPLICATION NUMBER:C	29/164807

## Total Fee Calculation

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	Fee Code	Total = Claims	Number Extra	<u> X</u>	<u>.</u> F≈	Fee =	
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Total Claims >20	203/103	31 -20 =	11	Х		<del></del>	790
Independent Claims >3	202/102	2 -3 =		X		22	242
Muit, Dep Claim Present	204/104			• `			
Sweharge	205/105			٠			<del>-</del>
English Translation	139						130
TOTAL FEE CALCULA	ATION					,	14/ 0
Fees due upon filing th	e application:						1,162
Total Filing Fees Due	= 5	162.00					
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FORM OPE-RAM-01 (Rev. 5/97)